

"Express Mail" mailing label number EV530260674US.

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box →

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2834 PCT/US
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	SCHIEFERSTEIN, Ludwig
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STARTER SYSTEMS II

(Title of the Invention)

the specification of which
 is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
103 20 904.2	DE	05/09/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box +

C 2834 PCT/US

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(e) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/004591	04/30/2004	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number _____ or label _____
OR

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John F. Daniels Arthur G. Seifert Daniel S. Ortiz	34,314 28,040 25,123		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence Customer Number _____ or label _____ **23657** OR Fill in correspondence address below

Name	Daniel S. Ortiz				
Address					
Address					
City	State		Zip		
Country	Telephone	215-628-1141	Fax	215-628-1345	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Ludwig	Middle Initial		Family Name	Schieferstein	Suffix e.g. Jr.	
------------	--------	----------------	--	-------------	---------------	-----------------	--

Inventor's Signature	Date	
----------------------	------	--

Residence: City	Ratingen	State		Country	Germany	Citizenship	Germany
-----------------	----------	-------	--	---------	---------	-------------	---------

Post Office Address	Damaschkestrasse 81						
---------------------	---------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40882 Ratingen	State		Zip		Country	Germany	Applicant Authority	
------	----------------	-------	--	-----	--	---------	---------	---------------------	--

<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box +

C 2834 PCT/US

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name **William**

Middle Initial

Family Name

LaMarca

Suffix
e.g. Jr.

Inventor's Signature

Date

Residence: City **Cregy les Meaux** State _____ Country **France** Citizenship **France**

Post Office Address **17 rue de Panauti**

Post Office Address

City **77124 Cregy les Meaux**

State _____

Zip _____

Country **France**

Applicant Authority

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name

Middle Initial

Family Name

Suffix
e.g. Jr.

Inventor's Signature

Date

Residence: City _____

State _____

Country _____

Citizenship _____

Post Office Address

Post Office Address

City

State _____

Zip _____

Country _____

Applicant Authority

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name

Middle Initial

Family Name

Suffix
e.g. Jr.

Inventor's Signature

Date

Residence: City _____

State _____

Country _____

Citizenship _____

Post Office Address

Post Office Address

City

State _____

Zip _____

Country _____

Applicant Authority

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name

Middle Initial

Family Name

Suffix
e.g. Jr.

Inventor's Signature

Date

Residence: City _____

State _____

Country _____

Citizenship _____

Post Office Address

Post Office Address

City

State _____

Zip _____

Country _____

Applicant Authority



Additional inventors are being named on supplemental sheet(s) attached hereto